

# WHO DOES THIS AFFECT?



All providers, who assist participants with medication, will be required to become an approved DDD Medication Assistant, unless they are a licensed medical professional, such as an RN or LPN.

### WHY THE NEW REQUIREMENT?

Help to ensure participant's health and welfare through safe practices

#### HOW?

The Division has developed state standards and policy for Medication Assistance and Management. These are necessary to be in compliance with CMS.

### WHY THE NEW REQUIREMENT?

State's responsibility to address this gap and others, such as:

- √ Case Management safeguards
- Monitoring and gathering data on restraints, restrictive measures, and medication errors
- ✓ Streamlining plan of care development and monitoring practices

### IMPLEMENTATION PLAN

Plan is similar to how Incident Reporting was implemented four years ago

- ✓Introduce state's expectation
- ✓ Develop a timeline for implementation
- √Providers develop and implement policy, procedures, and practices based on state's requirements
- ✓ DDD follows up on compliance

#### **OBJECTIVES**

### This presentation will:

- √ Review the components
  of the state's standards
- ✓ Provide an overview of the required Approved Medication Assistant training.
- ✓ Detail the timelines to which providers must adhere.



# MEDICATION ASSISTANCE STATE STANDARDS

#### Purpose:

To ensure the health & safety of waiver participants by requiring providers to meet the Division's policy & standards for assisting participants with medication

# MEDICATION ASSISTANCE STATE STANDARDS

**Policy:** The Division shall ensure participant medications are managed & monitored by requiring all home and community-based waiver providers, who assist with medications, to develop & implement policies and procedures in accordance to the state standards.

### **STANDARDS**

- Provider must have participant or guardian consent to allow provider(s) to assist with medication.
  - ✓ Provider will be considered a "friend" in accordance with the Wyoming Nurses Act, Title 22, Chapter 21, 33-21-154.
  - ✓Only qualified persons (described in DDD standards) shall assist a participant with medication.

### **STANDARDS**

- 2.The case manager, along with designated member(s) of the participant's team, shall oversee the ongoing monitoring of the person's medication regimen as described in the plan of care.
- 3. The plan of care must specify the assistance needed, special instructions and/or participant education needs.

### **S**TANDARDS

- 4. Provider shall comply with Division standards and the provider's own internal policies & procedures.
- 5.The Division shall oversee provider medication management, assistance and work to detect potentially harmful practices by monitoring providers' compliance.

### MONITORING MEDICATION REGIMENS

#### First line monitoring:

Participant's licensed medical professional, who prescribes medications to the participant

### Second line monitoring:

Participant's case manager, along with designated team members

### MONITORING MEDICATION REGIMENS

Case managers shall monitor by:

- ✓ Ensuring all medical information is in the plan and updated as needed
- ✓ Ensuring providers received training on plan of care
- ✓ Conducting reviews of IRs, PRN usage, MARs, and nursing/doctor notes
- √Ensuring medical assessments are performed annually or as needed
- ✓ Documenting follow up

### MONITORING MEDICATION REGIMENS



The Division requires providers assisting with medications to have policy and procedures, which include the topics in the states policy and standards

### POLICY AND PROCEDURES (P&P)

✓ Qualified Persons

By 9-30-09

- ✓ Medication Consent
- ✓ PRN protocol
- ✓ Behavioral Modifying Meds
- ✓ Medication Storage & Labeling
- ✓ Medication Records
- ✓ Medication Assistance Records
- ✓ Medication Off-site
- ✓ Medication Error Reporting

# MEDICATION CONSENT BY 9-30-09



Providers assisting participants with medications must receive permission to help a participant with medication by the participant or guardian.

### **MEDICATION CONSENT**

#### **Consent form includes:**

- ✓ Participant's name
- ✓ Legal guardian's name
- ✓ Name of provider(s)
- ✓ Statement explaining why the consent may be rescinded
- ✓ Participant's or guardian's signature
- ✓ Date of signature
- √ Expiration date of consent form

### **QUALIFIED PERSONS BY 12-31-09**

Any provider or provider staff, who assists a participant with medication, shall be:

- A registered professional nurse or other licensed health care professional, or
- An <u>Approved Medication Assistant</u> who is unlicensed but has completed the Division's training

### APPROVED MEDICATION ASSISTANT

Provider must complete the required Approved Medication Assistant Training, which includes:

- √4 to 6 hour instruction course
- ✓2 hour satisfactory completion & demonstration of tasks in curriculum
- ✓ Satisfactory completion of a competency-based test approved by the Division

### APPROVED MEDICATION ASSISTANT

Retraining shall be required at least every 2 years or contingent on Division review. Retraining will consist of:

- ✓ Overview of the original curriculum
- Observation of task by an approved medication assistant trainer or licensed medical professional
- √ Satisfactory completion of a competency based test

### PRN PROTOCOL BY 09-30-09

Provider shall have policy & procedures for assisting with PRNs. P & P shall include:

- ✓ How PRN in plan of care will be implemented.
- √Who will be designated to do assessments for need of PRN
- ✓Who will monitor for side effects
- √The procedure for documentation of usage
- ✓Who will monitor for patterns of usage
- ✓ Frequency of the monitoring (at least quarterly

# BEHAVIOR MODIFYING MEDICATION P & P BY 09-30-09

Policy & procedure needed for medications whose purpose is to modify a behavior. P & P shall include:

- √Who will be responsible to assess and assist with the medication
- √Who will be designated to assure appropriate medical professional assesses, monitor, & re-evaluates to determine if medication is still needed



### BEHAVIOR MODIFYING MEDICATION BY 09-30-09

- ✓ How the medication will be used type, frequency, duration, route, & specific instructions as prescribed by licensed medical professional
- ✓ Specific PRN instructions for Behavior Modifying Med, which must includes:
  - Documentation of PRN
  - Qualified person evaluating face to face within 1 hour after PRN



### BEHAVIOR MODIFYING MEDICATION BY 09-30-09

- √The types of incidents related to PRN usage or administration that would be a "critical incident" & reportable to the Division, P&A, DFS, case manager & guardian if applicable
- √The responsible person for reviewing the use of PRN for modifying a behavior

### BEHAVIOR MODIFYING MEDICATION BY 09-30-09

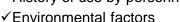
### Requirements for review:

- ✓ Verification providers p & p regarding medication assistance & participant's PRN protocols in plan are followed
- √ Verification the positive behavior support plan was followed
- ✓ Determine if changes are needed
- ✓ Determine if staff received appropriate<sub>25</sub> training

### BEHAVIOR MODIFYING MEDICATION BY 09-30-09

Recording the review of each PRN is reviewed for:

- ✓ Analysis of patterns of use
- √ History of use by personnel



- √ Assessment of program design contributing factors
- ✓Investigation of health & safety concerns



### MEDICATION LABELING & STORAGE BY 09-30-09

Providers shall adhere to the following: Prescription meds & pharmaceutical samples shall bear original label or written statement specifying:

- ✓ participant's name
- √ medication name
- ✓ amount & frequency of dosage
- √ name of health professional

### MEDICATION LABELING & STORAGE BY 09-30-09

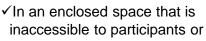
Non-prescription meds shall be stored in original container with instructions

- ✓ participant's name
- √ medication name
- ✓ amount & frequency of dosage



### MEDICATION LABELING & STORAGE BY 09-30-09

All medications shall be stored:





- √ Refrigerated medications will be in container that inaccessible
- ✓ Medications must remain in original, labeled containers until transferred to pill boxes by qualified individuals

### MEDICATION RECORDS BY 09-30-09

Qualified person giving meds shall have immediate access to current records of all medication:

- ✓ medication name
- √ dosage strength or concentration
- ✓ frequency
- ✓ instructions for use, including route



### MEDICATION RECORDS

BY 09-30-09

- √ Potential side effects
- ✓ Drug interactions
- √ For prescription medications:
  - Prescribing professional & phone number
  - Dispensing pharmacy & contact information



### MEDICATION ASSISTANCE RECORD (MAR) BY 09-30-09

Provider shall develop an MAR for each participant receiving med assistance.
The MAR shall include:

participant's name, allergies, medication name, dosage, strength or concentration of medication, administration routes, special instructions, date & time of medication assistance needed, signature of Approved Medication Assistant, signature of participant (optional)

### MEDICATIONS OFF-SITE BY 09-30-09

Medication given by unapproved persons, provider shall:

- √ Have completed & signed Medication Consent form
- ✓ Give the following info & items to the receiving entity
  - MAR
  - Medications needed
  - The supply of medication needed for the event
  - Medication stored & labeled according to DDD standards
  - Provider contact information
  - Itemized list of meds, amounts & information given to receiving party, signed off by receiving party

### **MEDICATION ERRORS**

Reportable to the Division using the Critical Incident process



Providers must report all medication errors that meet the Division's standards starting July 1, 2009.

### **MEDICATION ERRORS**

- ✓ All medication errors that meet the Division's criteria shall be reported to Division via IMPROV within 24 hours
- ✓ Errors reported will be reviewed by Division to monitor trends and action taken by provider
- √Provider may need to complete QIP with 15 days

# MEDICATION ERRORS TO REPORT TO DDD STARTING 07-01-09

- √ Wrong medication
- √Wrong dosage
- ✓ Wrong participant
- √Wrong route
- √Wrong time deviation from accepted standard time frame

Medication errors reported to DDD do not have to be reported to P&A, DFS or police and unless a crime has been committed.



EDICATION ERRORS

### MEDICATION ERRORS (NON-REPORTABLE TO DDD) P & P BY 09-30-09

Some medication error categories are not reportable to Division but are reportable within the participant's team and provider:

- ✓ Refusals
- ✓ Dropped medication
- ✓ Expired or damaged mediation
- ✓ Lost medication
- √Other medication events determined to need action

  37

# MEDICATION ERRORS Monitoring and remediation

- ✓ Method(s) to rectify problems in a quick& appropriate manner
- ✓ System of tracking & analyzing medication errors
- ✓ Person identified of who will track & analyze the information
- ✓ Analysis of these events conducted at least quarterly to identify trends

## DIVISION MONITORING RESPONSIBILITY STARTING 07-01-09

DDD shall be responsible for monitoring provider compliance with the state's medication assistance policy & standards **Monitoring shall occur through:** 

- √Team meetings attended by Division staff
- ✓ Plan of care reviews
- ✓ Critical incident reports, Complaints
- ✓ Provider certification or recertification
- ✓ Participant File Reviews

### **DIVISION MONITORING ACTIVITIES**

- ✓ Division will maintain a registry of all providers who complete Approved Medication Assistance requirements
- ✓ Division will review provider's training records
- ✓ Statistically valid sample of participant files will be reviewed
- √ Follow up will be based any health & safety concerns found

### ile Reviews

### **DIVISION MONITORING RESPONSIBILITY**

STARTING 10-01-09

### During a follow up Division may review:

- ✓ Medication assistance P & P
- √ Provider personnel files
- √ Case mgmt documentation of follow up
- ✓ Medication error P & P
- ✓ Medication-related forms:
  - Incident Reports
  - MARs
  - Medication error forms
  - Medication records and/or PRN reviews

### **DIVISION MONITORING RESPONSIBILITY**

- If Division identifies health, safety, and/or compliance concerns, the provider shall:
- √ Rectify the situation as ASAP
- ✓ Receive re-education
- √ Train or retrain personnel as needed
- √ Address areas of non-compliance within the timeline specified by Division.



### IMPORTANT NOTICE TO PROVIDERS

- ✓ Medication standards for assistance and monitoring i non-negotiable. DDD must have these in place to have an approved waiver.
- It improves the health and safety of participants
- Providers will have to train staff to become Approved Medication Assistants if they help participant's with meds, but cost should minimal...the cost of staff time to train (less than a day).
- Division will hold quarterly trainings to help meet training requirements across the state
- Division will maintain a registry of all people who complete the training and send out certificates.



### MEDICATION ASSISTANCE TRAINING SCHEDULE (SO FAR)

- o July 29, 8a 5p, Casper
- o August 26, 8a 5p, Riverton
- o September, December 2009 and March 2010 TBA

Stayed tuned for more dates and locations for the fall schedule



### **THANK YOU**

... FOR ALL YOU DO, FOR ATTENDING THE TRAININGS, **CHANGING AS REQUIREMENTS** CHANGE, AND CONTINUING TO PROVIDE AWESOME SERVICES!